

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27662

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7213</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> c. LENGTH OF STAY (in this place) <b>D.O.A.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHRISTIAN HOSPITAL</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> d. STREET ADDRESS (If rural, give location) <b>5528 WABADA</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>WALTER</b> c. (Last) <b>FITZGERALD</b>				<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>AUG. 16 1955</b>			
<b>5. SEX</b> <b>MALE</b>		<b>6. COLOR OR RACE</b> <b>WHITE</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>MARRIED</b>		<b>8. DATE OF BIRTH</b> <b>OCT. 20, 1891</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>WHOLESALE ICE cream</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>ST. LOUIS</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>JOHN F. FITZGERALD</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>MARGARET MURRAY</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>MARGARET CLOONAN</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>490-20-6014</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Margaret Fitzgerald</b> <b>5528 Wabada</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u></b>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  <b>DUE TO (b)</b>  <b>DUE TO (c)</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 yr.</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. HOW DID INJURY OCCUR?</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute) <b>8-15-55</b>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>3-28-55</u>, 19<u>55</u> to <u>8-16-</u>, 19<u>55</u>, that I last saw the deceased alive on <u>8-15-55</u>, 19<u>55</u>, and that death occurred at <u>11:20 A.M.</u>, from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <i>Carl Smith</i> (Degree or title) <i>M.D.</i>				<b>23b. ADDRESS</b> <b>539 No. Grand Blvd.</b>		<b>23c. DATE SIGNED</b> <b>8-18-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>BURIAL</b>		<b>24b. DATE</b> <b>Aug. 19, 1955</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>CALVARY CEMETERY</b>		<b>24d. LOCATION (City, town, or county) (State)</b> <b>ST. LOUIS MO.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>AUG 18 1955</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Carl Smith M.D.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>William Kelly</i> <b>7267 NATURAL BRIDGE</b>			

(Licensed Embalmer's Statement on Reverse Side)

